

Inspection Division: (408) 615-2440 Permit Center: (408) 615-2420

Automated Inspection System: (408) 615-2400

Fax: (408) 241-3823

Email: buildinginspection@santaclaraca.gov

Requirements for Temporary Occupancy Please allow sufficient time for TCO application review.

APPLICATION REQUIREMENTS:

- 1. Approval of Temporary Occupancy is subject to:
 - A. Final Affidavit from special testing agency (when required by the building permit).
 - B. Approvals from Fire Department (Provide FD TCO agreement or proof of final inspection.)
 - C. Approvals from Planning Division, Engineering Division and Health Department are required where applicable. (Provide proof of approvals if applicable).
 - D. Restrooms must be operational and in full compliance with ADA requirements.
 - E. The ventilation system must be operational, inspected and air balance completed.
 - F. The electrical system must be operational and safe.
 - G. Parking must be available and safe passage from parking must be provided.
 - H. The building must have life safety equipment operational; exiting system approved and handicapped provisions completed.
- 2. **Three (3) sets** (11x17) of floor plans, showing the footprint of the building(s), area under TCO agreement, addresses and permit number(s) issued for this area. Floor plan to include square footage with a breakdown of occupancy type. When the temporary occupancy inspection is performed, the inspector will initial the plan with his approval. The approved plan is to remain posted until the final inspection is approved.
- 3. A typed letter with the following information is required from the applicant:
 - A. Job address and open permit numbers that apply to this request. All permits must be listed regardless of the name of permit holder in charge
 - B. Reason for request (Details of the work left to complete.)
 - C. Time period needed is subject to approval of Building Official.
 - D. In the case of multi-tenant buildings, it must be understood that the building will remain on temporary occupancy until the entire building is complete and permit is finaled.
- 4. A typed letter from the property owner/tenant is required. The letter must contain items A, B, C and D of step 3 above.
- 5. Application and inspection fees required (\$300.00 minimum; additional \$80.00 each if plumbing, electrical or mechanical inspections are required).
- 6. The building will remain on <u>Temporary Electric</u> power until a permanent Certificate of Occupancy is issued.
- 7. The scope of work for any area under the TCO agreement cannot be changed. Any additional work will require a separate permit.
- 8. TCO extension requirements: A new application is required. Complete steps 2, 3 and 4 above (Complete step 2 only if areas of the TCO differ from the original application). Additional fees will be charged per step 5 above.

Incomplete application may delay the approval process.



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APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY --ALLOW SUFFICIENT TIME FOR PROCESSING--

Permit Number(s):		JOB ADDRESS:	
Request Temporary Occupancy until	l:		
	t to the Building Officia	of the areas indicated on plans attached for the above addressive approval (not to exceed 180 days), as authorized under S	
(TCO) must be submitted to the Buil	ding Inspection Division a valid Certificate of (st and application to extend the Temporary Certificate Occup n prior to the expiration date of the TCO. Buildings or structu Occupancy. (Section 309.1 of 1997 Uniform Administrative Covacate the building.	ires
Building to remain on temporary ele-	ctric until a permanent	Certificate of Occupancy is issued.	
any occupancy.	·	e access and use, Fire Department clearance is required prio	or to
Applicant Name/Title		Telephone Number	
Company Name		Email address and/or FAX number	
Company Address		Applicant Signature	
City, State, Zip		Date	
Owner/Tenant Contact Name/Title		Telephone Number	
Owner/Tenant Name		Email address and/or FAX number	
Owner/Tenant Address		Owner/Tenant Signature	
City, State, Zip	*******		*****
		Office Use Only	
Temporary Occupancy Fee	Validation	FOR BUILDING INSPECTOR USE ONLY	
Building (SpinB)		Temporary Occupancy Expiration Date:	
Electric (SpinE)			
Plumbing (SpinP)		Building Inspector Signature:	
Mechanical (SpinM)			
TOTAL		Date:	

The Mission City

CITY OF SANTA CLARA

Building Inspection Division 1500 Warburton Avenue Santa Clara, CA 95050 www.santaclaraca.gov Inspection Division: (408) 615-2440

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- APPLICATION FOR OVERTIME OR SPECIAL INSPECTION -

* PLEASE PRINT * TODAY'S DATE: PERMIT NUMBER(S): BLD20 ADDRESS OF INSPECTION: APPLICANT: PHONE #: JOB SITE CONTACT NAME: JOB SITE CONTACT PHONE #: TYPE OF INSPECTION Check one: [] OVERTIME INSPECTION [1 SPECIAL INSPECTION Description: 1 TEMPORARY OCCUPANCY 1 TEMPORARY POWER/SERVICE CHANGE **OTHER TYPE -** (Please describe): PAID STAMP REQUESTED INSPECTION DATE/TIME DATE: TIME: ____[]AM []PM Building **Electrical** Mechanical Plumbing TOTAL FEES Office use only: Inspector Assigned: _____ Approved by: _____ Fees received by: Data entry/copies done by_____: Copy to inspector___ Spreadsheet___ Tidemark___ Copy to payroll___ Inspection performed by: ______ Start time: _____am / pm Finish time: ____am / pm Payroll code: 150 350 155 355

SPECIAL INSPECTION (SPIN) OVERTIME INSPECTION (SPOT: 001-5532-5780-0000-00000-7452)